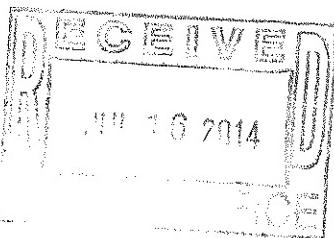


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



ELIZABETH MELENDEZ

(In the space above enter the full name(s) of the plaintiff(s).)

**COMPLAINT**

-against-

The City of New York / Department of Handicapped Services

Jury Trial:  Yes  No  
(check one)

Sandy Harkiss, Director  
Leaden Burnham, Director

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name ELIZABETH MELENDEZ  
Street Address 147 B 113 ST #12  
County, City Puckaway Park, Queens  
State & Zip Code NY 11694  
Telephone Number 347-359-8683 / 212-67-5374

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name The City of N.Y. Department of Handicapped Service  
Street Address 33 Beach St NY NY 10006

County, City MANHATTAN  
State & Zip Code NY 10006  
Telephone Number \_\_\_\_\_

Defendant No. 2

Name Suey Maranow, Director  
Street Address Don't know  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Defendant No. 3

Name Lindsey Burnham, Director  
Street Address Don't know  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions       Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Discrimination of Race / Gender / Nationality

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? 30th Street Min's shelter  
Dept. of Homeless Services 400-401 E 30th ST NY NY 10016
- B. What date and approximate time did the events giving rise to your claim(s) occur? Monday Through Friday 8am - 4:00pm

C. Facts: MS. HARRISON Director Begins A number of Allegations Against Me Such As I'm Racist - And Put on the Floor that I'm A man Dressing As A woman, Then MS. Burnham Came To Occupied Ms. Harrison Chair And She Continues Racist Remarks And Display HARMASMENT AND DISCRIMINATORY Actions AGAINST ME  
The Department of Homeless Services Knew The FACTS That Improper Behavior Had BEEN DISPLAY AGAINST ME AND DO nothing To Stop Her.

Who did what?

I have witnesses just can verify just this Department Felt To help me OR Accommodate Me To Another Place.

Was anyone else involved?

Co-workers / Supervisors / Clients

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. On 3/2012 A CityNet

Heat me and nobody DID nothing to help me or Remedy the SITUATION!

On 3/2014 I was escort By DAPD out of the Building where I'm working FOR A DOWNLAWFUL SUSPENTION and one more time I had been humiliaded By the WRONG Practices of this Dept.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I'm asking of a monetary compensation to be disclosed for the following and suffer; including harassment racial and gender discrimination by Department of Homeless services

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of July, 20 14

Signature of Plaintiff

Mailing Address

J. M.  
1417-B 113 St #12  
Rockaway Park, Queens  
NY 11694

Telephone Number

347-647-339-8683

Fax Number (if you have one)

917 637-7818

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number